



**ENERGY AND ENVIRONMENT CABINET**  
**DEPARTMENT FOR ENVIRONMENTAL PROTECTION**  
**DIVISION OF WASTE MANAGEMENT**  
**200 FAIR OAKS LANE, SECOND FLOOR**  
**FRANKFORT, KY 40601**  
**TELEPHONE NUMBER (502) 564-6716**

**Annual Report for a  
Petroleum Contaminated Soil Treatment Facility  
DEP Form 5042 (April 2011)**

Statutes and regulations may be viewed online at the following Web site:  
<http://www.lrc.ky.gov/search.htm>

Solid waste application forms are available at the following Web site:  
<http://waste.ky.gov/SWB/Pages/FormsandRegs.aspx>

**DWM OFFICAL USE ONLY**

AI#: \_\_\_\_\_

Application #: \_\_\_\_\_

## **GENERAL INSTRUCTIONS**

- 1. APPLICABILITY – This form must be completed and submitted to the cabinet by persons operating a petroleum contaminated soil treatment facility.**
- 2. ASSISTANCE – Questions regarding this form may be directed in writing to the Division of Waste Management (DWM), Solid Waste Branch at the address listed above or by calling (502) 564-6716.**
- 3. SUBMISSION – Submit the original and one (1) copy of the completed form to DWM at the address listed above. Submission is required by January 31, following the reporting year. If an item is not applicable, check the appropriate box or write “N/A” in the space provided. Type or print legibly in permanent ink.**
- 4. LAWS AND REGULATIONS – Applicants are expected to understand and comply with all applicable laws and regulations.**

To assist you in the submittal of a complete and accurate report, DWM has identified the most common errors. These errors are listed below for your convenience.

1. Failure to fully complete the report and to provide appropriate, fully completed attachments.
2. Failure to properly sign and notarize the report. An individual with signature authority for the applicant as defined by 401 KAR 47:160, Section 6 must sign and notarize the application.

<b>Annual Report for a Petroleum Contaminated Soil Treatment Facility</b>
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Report for Year Ending December 31, 20

<b>Operator Information</b>
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1. Agency Interest #: 2. Permit #: -
3. Facility Name:
4. Operator Name:  
This refers to the corporation, LLC, business, person, government agency, or similar entity that operates the facility.
5. Operator Mailing Address:
6. City: 7. State: 8. Zip Code:
9. Process Agent or Contact Person:  
Corporations and LLCs must list the Process Agent. 10. Title:
11. E-Mail Address:
12. Phone #: ( ) - ext.
13. Cell #: ( ) - 14. Fax #: ( ) -
15. Certified Operator: 16. Certification Number:

<b>Tables and Attachments</b>
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- 17.** Complete the following table regarding waste volumes in cubic yards (CY) for each waste source. For additional waste sources, copy the table and provide as **Attachment 1**.

Property of origination (Facility name and address):						
Name of property owner:						
Name of leaseholder:						
Underground Storage Tank registration number of property of origination:						
Month	Gasoline Range	Kerosene Range	Diesel Range	Fuel Oils	Lube Oils, Motor Oils, Grease	Other. Specify:
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
<b>TOTAL</b>						

**18.** Annual Volume of Treated Soil Prepared for Distribution:           CY

**19.** Annual Volume of Treated Soil Distributed:           CY

**20.** Annual Amount of Reject Material Disposed:           Tons

**21.** Annual Volume of Treated Soil Reused On-site:           CY

22. Complete the following table for treated soil analytical information:

<b>Biopile or Sample Unit:</b>	<b>Date:</b> -    -
<b>Number of samples taken:</b>	<b>Amount of soil sampled:</b> <b>Units:</b>
<b>Component</b>	<b>Measurement</b>
pH	SU
Percent solids	%
Benzene	ppm
Toluene	ppm
Ethylbenzene	ppm
Xylene	ppm
Chrysene	ppm
Benzo(a) anthracene	ppm
Benzo(a)pyrene	ppm
Benzo(b)fluoranthene	ppm
Benzo(k)fluoranthene	ppm
Dibenzo(a,h)anthracene	ppm
Ideno(1,2,3-cd)pyrene	ppm
Acenaphthene	ppm
Acenaphthylene	ppm
Anthracene	ppm
Benzo(ghi)perylene	ppm
Fluoranthene	ppm
Fluorene	ppm
Phenanthrene	ppm
Pyrene	ppm
Naphthalene	ppm
Methyl-tert-butylether (MTBE)	ppm
Lead (Total)	ppm
Arsenic	ppm
Cadmium	ppm
Copper	ppm
Mercury	ppm
Molybdenum	ppm
Nickel	ppm
Selenium	ppm
Zinc	ppm

**NOTE:** The owner or operator shall take representative samples pursuant to “Test Methods for Evaluating Solid Waste, Physical/Chemical Methods,” EPA Publication SW-846, Fourth Edition. For additional volumes of treated soil, copy and provide as **Attachment 2**.

23. Provide, as **Attachment 3**, copies of all laboratory analyses reports for the reporting year.
24. Complete, in **Attachment 4**, the Treated Soil Recipient Log.
25. Complete, in **Attachment 5**, the Biopile Monitoring Log.

<b>Certification</b>
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26. Pursuant to 401 KAR 47:160, Section 6, a person with signature authority such as a sole proprietor, owner, partner, corporate officer, plant manager, LLC member, mayor, county judge executive, or other authorized official must sign this certification statement.

**NOTE: Consultants may not sign the following certification statement.**

**"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."**

Name of Person Signing (type or print):

Title of Person Signing:

Date:  -  -

Signature per 401 KAR 47:160: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, Year 20\_\_\_\_

Notary Public Signature: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_ My commission expires: \_\_\_\_\_



**Attachment 4: Treated Soil Recipient Log**

**Complete for the recipients of more than twenty (20) cubic yards of treated soil within a 30-day period. Make additional copies as needed.**

- |           |                        |
|-----------|------------------------|
| 1. Name:  | Phone #: (     )     - |
| Address:  | City: State: Zip Code: |
|           |                        |
| 2. Name:  | Phone #: (     )     - |
| Address:  | City: State: Zip Code: |
|           |                        |
| 3. Name:  | Phone #: (     )     - |
| Address:  | City: State: Zip Code: |
|           |                        |
| 4. Name:  | Phone #: (     )     - |
| Address:  | City: State: Zip Code: |
|           |                        |
| 5. Name:  | Phone #: (     )     - |
| Address:  | City: State: Zip Code: |
|           |                        |
| 6. Name:  | Phone #: (     )     - |
| Address:  | City: State: Zip Code: |
|           |                        |
| 7. Name:  | Phone #: (     )     - |
| Address:  | City: State: Zip Code: |
|           |                        |
| 8. Name:  | Phone #: (     )     - |
| Address:  | City: State: Zip Code: |
|           |                        |
| 9. Name:  | Phone #: (     )     - |
| Address:  | City: State: Zip Code: |
|           |                        |
| 10. Name: | Phone #: (     )     - |
| Address:  | City: State: Zip Code: |

## Attachment 5: Biopile Monitoring Log

**Make additional copies as needed.**

Page of

1. Biopile number: \_\_\_\_\_ 2. Date constructed:    -    -    -
3. Type of petroleum contaminant: \_\_\_\_\_
4. Starting carbon: nitrogen: phosphorous ratio:            C :            N :            P
5. Comments: \_\_\_\_\_

[illegible]